Drugs for the treatment of Gouty Arthritis and Ankylosing Spondylitis

1745. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the side effects contra-indications and precautions to be taken while using Oxyphenbutazone, Phenylbutazone, Ibuproften, Naproxen; Ketoprofen, Indomethacin; Flurbiprofen, Corticostrophin; Colchioine and Salcylates for the treatment of gouty atrthritis and ankylosing spondylits;

(b) whether it is a fact that other drugs are more effective and safer than Phenylbutazone and Oxyphenbutazone;

(c) what are the basis and justification given by experts for continuation of marketing of Phenylbutazone and Oxyphenbutazone when these drugs have been withdrawn for use in many countries; and

(d) the names of the experts along with connected institutions from whom opinion was sought and what are the details of opinion of each on these two drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) A statement showing the side effects contraindications and precautions of the drugs mentioned in the Question is annexed. [*See* Appendix CXLI, Annexure No. 69]

(b) Effectiveness and safety of a drug differ from person to person. Therefore, it can never be stated that other drugs are more effective and safer than Phenylbutazone and Oxyphenlutazone.

(c) and (b) The opinion of expert bodies like Indian Council of Medical Research and Indian Medical Association was sought. The experts considered that both Phenylbutazone and Oxyphenbutazone continue to be the drugs of choice for ankylosing spondylitis and gouty arthritis and considered there is no case for total ban of these drugs and the drugs should be restricted for use for these two indications only.

Diseases without identification of drugs for treatment

1746. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the names of diseases prevailing in India whose drugs have not been identified in the essential list of World Health Organisation;

(b) the names of drugs and combination of drugs allowed for marketing for the treatment of those diseases along with the details of composition of each formulation based on each drug;

(c) whether it is a fact that more than one drug is allowed for marketing for same disease in India;

(d) if so, names of all drugs allowed for marketing for same disease; and

(e) what are the reasons and justification for such clearance?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The drugs for the treatment of guinea worm and hook worm do not figure in the WHO's list of essential drugs. However, there do not seem to be any specific drug discovered as yet for the treatment of guinea worm.

(b) The current drugs recommended for treatment of hook worm is Befanium which is marketed in granules form-5 gm granules containing 2.5 gm of Befanium base.

(c) Yes, Sir.

(d) WHO gives a list of essential drugs covering almost every therapeutic group. Under each therapeutic group for treatment of a particular disease condition number of drugs have been specified. Most of these drugs are being marketed in India. The WHO list of esential drugs (Tech. Report Series 722, 1985) gives 27 therapeutic categories covering about 278 drugs.

(e) Many member drugs of the same therapeutic family are required by the medical practitioner who decides to select one of them after detailed examination of the patient. Under the same therapeutic family, different member drugs suit different patients for getting maximum relief/cure. This concept has also been recognised by the WHO while identifying list of essential drugs.

Non-availability of cautionary note in drug packets

1747. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that cautionary note is not being provided in the drug packets being marketed in our country which have been withdrawn in many other countries due to serious side effects;

(b) whether Governent have made any survey in this regard;

(c) if so, when and what were its findings;

(d) whether it is a fact that many drugs have been allowed for marketing without such indications;

(e) if so, what are the reasons for allowing to continue the use of these drugs without the warning; and

(f) the names of the medical experts consulted in the matter and what are the details of opinion expressed by each expert?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) It is not a fact that necessary cautionary note or containdication is not being given for those drugs which have been withdrawn in some counries and continue to be marketed in India.

(b) and (c) Time to time surveys have revealed that necessary cautionary note and contra-indications are being given for these drugs.

(d) No, Sir. Whenever precautionary statement is considered necessary direction is given to incorporate such precaution.

(e) Does not arise.

(f) Expert bodies like Indian Council of Medical Research, Indian Medical Association, Indian Diabetic Association and experts belonging to concerned disciplines are consulted for allowing continued marketing of these drugs.

Misuse of airport entry tickets

1748. SHRI SURESH PACHOURI: Will the Minister of CIVIL AVIATION be pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in the Hindustan Times dated 10th December, 1986 under the caption 'Getting rich by recycling airport entry tickets';

(b) if so, what are the details thereof;

(c) whether any action has so far been taken against any of the officers posted at the airport, and if so, what are the details in regard thereto; and

(d) what further action is contemplated in the matter to stop the said malpractice?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION (SHRI JAGDISH TYTLER): (a) Yes, Sir.

(b) In the recent past, two cases of recycling of entry tickets came to notice of the International Airports Authority of India at Delhi Airport.

(c) In the first case, the suspected official has been placed under suspension pending a fomal enuiry and in the second case the concerned officials has been administered a written warning with a copy endorsed in his C.R. dossier.

(d) Measures such as frequent surprise checks, rotation of officials at gates/ticket counters, shift-wise compilation of